United Nations E/CN.9/2005/4

Economic and Social Council

Distr.: General
20 December 2004

Original: English

Commission on Population and Development
Thirty-eighth session
4-8 April 2005
Item 3 of the provisional agenda*
Follow-up actions to the recommendations of the International Conference on Population and Development

Monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty

Report of the Secretary-General

Summary

The present report on monitoring of population programmes has been prepared in response to the topic-oriented and prioritized multi-year work programme of the Commission on Population and Development, endorsed by the Economic and Social Council in its decision 2004/237, which identified HIV/AIDS as the special topic of the thirty-eighth session of the Commission. The report focuses on progress towards implementation of the Programme of Action of the International Conference on Population and Development (especially as it relates to HIV/AIDS, population and reproductive health), the five-year review of the implementation of the Programme of Action of the International Conference on Population and Development, the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. It concentrates on HIV prevention efforts and does not attempt to provide an overview of all HIV/AIDS issues and corresponding programmes.

The report highlights the effect of HIV/AIDS on population dynamics, including population losses and decreasing life expectancy, slowing economic growth and increasing extreme poverty. It notes the enormous burden of the AIDS epidemic on various development sectors, including the health and education sectors. There is growing recognition and evidence of the benefits of linking HIV/AIDS and sexual and reproductive health. Since a majority of HIV transmission takes place

* E/CN.9/2005/1.

04-65665 (E) 110205

through sexual contact, reproductive and sexual health information and services provide a critically important entry point for HIV prevention. Particular attention is given to the feminization of the epidemic and its impact on women and girls. Young people constitute a key vulnerable group in need of attention. The report also notes the need to intensify efforts for prevention, treatment and the care continuum.

Major challenges outlined in the report include a lack of access to key HIV prevention services and programmes, limited technical capacity for HIV programming, weak monitoring and evaluation systems, gender inequality, stigma and discrimination and inadequate funding for HIV/AIDS programmes and reproductive health in general. These issues imply the need for strengthened policy commitment, leadership and multisectoral partnership, intensified prevention efforts and a strengthening of the links between HIV/AIDS and sexual and reproductive health. Countries are encouraged to recognize explicitly and stress linkages between reproductive health and HIV/AIDS at the annual review by the General Assembly on progress in meeting the targets of the special session of the General Assembly in June 2005, and the High-level Plenary Meeting of the sixtieth session of the General Assembly as follow-up to the outcome of the Millennium Summit in September 2005.

I. Introduction

1. The present report on the monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty, has been prepared in response to decision 2004/1 of the Commission on Population and Development. That decision, endorsed by the Economic and Social Council in its decision 2004/237, identified HIV/AIDS as the special topic for the Commission's thirty-eighth session. The report focuses on progress towards implementation of the Programme of Action of the International Conference on Population and Development[1] (especially as it relates to HIV/AIDS, population and reproductive health), the five-year review of the implementation of the Programme of Action of the International Conference on Population and Development,[2] the Declaration of Commitment on HIV/AIDS[3] and the Millennium Development Goals.[4] The report also focuses on HIV prevention efforts, although it does not attempt to provide an overview of all HIV/AIDS issues and corresponding programmes.

> "Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS, and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner"
>
> Declaration of Commitment on HIV/AIDS[5]

II. Framework and agreed actions

2. More than 20 years have passed since the first AIDS diagnosis in 1981, with over 20 million deaths. As of December 2004, approximately 39.4 million people were living with HIV. Rates of infection continue to rise, with an estimated 4.9 million people newly infected in 2004.[6] The epidemic also continues to advance rapidly in Eastern Europe and Asia, with a staggering impact on health and on the social and economic stability of nations. AIDS is thus both an emergency and a long-term development issue.[6]

3. The Programme of Action adopted at the International Conference on Population and Development in 1994 made reference to HIV/AIDS mainly in the context of the prevention of sexually transmitted infections. It was only during the 1999 five-year review of the implementation of the Programme of Action that targets were established in relation to HIV/AIDS. General Assembly resolution S-21/2, adopted during the review, outlined key actions for the further implementation of the Programme. In paragraphs 67 through 72 of the key actions, the Assembly specifically focused on the need for a multisectoral response to HIV/AIDS and stressed that HIV prevention is an essential part of sexual and reproductive health programmes.

> "Governments, with assistance from the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent."
>
> Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development[7]

4. One of the key recommendations for the further implementation of the Programme of Action states that Governments, from the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV. It further states that Governments should, with the assistance, where appropriate, of UNAIDS, develop and implement national HIV/AIDS policies and action plans, ensure and promote respect for the human rights and dignity of persons living with HIV/AIDS and improve care and support for people living with HIV/AIDS.

5. The United Nations Millennium Declaration, which was signed by 147 Heads of State or Government in 2000, recognized combating HIV/AIDS as a key priority for action. Combating HIV/AIDS, malaria and other diseases is goal six of the Millennium Development Goals. The Millennium Development Goals reflect linkages between HIV/AIDS, population and development, although these linkages are not explicitly articulated. The Goals focus on combating HIV/AIDS, eliminating poverty, illiteracy and child mortality, promoting gender rights, improving maternal health and ensuring environmental sustainability.

6. The special session of the General Assembly on HIV/AIDS, held in June 2001, mobilized world attention and commitment to the issue of HIV/AIDS. Culminating in the Declaration of Commitment, the special session focused on the multifaceted challenges posed by HIV/AIDS, their links to other key issues and the need for urgent action. The Declaration of Commitment recognized the need for multisectoral action on many fronts, addressing global, regional and country-level responses and involving partnerships among Governments and a wide range of actors, including civil society, faith-based organizations, the private sector and organizations of people living with HIV and AIDS.

7. In recognition of the links between HIV/AIDS and development, the Declaration of Commitment required countries to integrate their AIDS response into national development processes, including poverty reduction strategies, budgeting instruments and sectoral programmes. A key aspect of the Declaration of

Commitment focused on vulnerable groups, including young people. The targets related to young people in the Declaration mirror those set out at the five-year review of the implementation of the Programme of Action, with a focus on the provision of information, education and services to young people as well as the active participation of young people in the response to the epidemic.

8. The implementation of the key recommendations resulting from the five-year review is intrinsically linked to the follow-up to the Declaration of Commitment and other international agreements. HIV/AIDS, population and development issues have been highlighted in several forums, including the Fourth World Conference on Women, held in Beijing in 1995, the World Summit for Social Development, held in Copenhagen in 1995, and the World Education Forum, held in Dakar in 2000. Furthermore, the General Assembly commemorated the tenth anniversary of the International Conference on Population and Development in 2004, with Member States reaffirming their support for the Programme of Action. To commemorate the anniversary, the United Nations Population Fund (UNFPA) launched its landmark report entitled "Investing in People", which reported on the progress achieved and the challenges that remain in implementing the Programme of Action, based on a global survey conducted in 2003.[8]

9. Many United Nations agencies contribute to the fight against HIV/AIDS through direct technical assistance to countries, building the capacity of national institutions and personnel, leadership, advocacy, policy dialogue, civil society partnerships, research and monitoring and evaluation efforts. UNAIDS, with its 10 United Nations co-sponsor agencies[9] and secretariat, are the main advocates for global action on the epidemic. United Nations funds and programmes work to provide leadership, strengthen the prevention response, reduce vulnerability, provide treatment, care and support and mitigate the impact of the epidemic.

III. Key issues and programme responses

10. The message emanating from the cumulative statistics on HIV/AIDS is clear: as the HIV/AIDS epidemic continues to outpace efforts to halt it, no country is immune. In a startling trend, women, in particular young girls, are increasingly becoming infected. This feminization of the epidemic is further exacerbated by the burden on women as primary caregivers and by the legal and social inequalities they often face in the areas of education, health care and livelihood.[8]

11. While much progress has been made in many areas, much still remains to be done. Effective prevention strategies are available and political will, funds and leadership are growing. However, a massive scaling up of HIV/AIDS prevention, treatment and care activities by all sectors is urgently needed to match the scope of the epidemic.[8] Furthermore, the need to form linkages between sexual and reproductive health, HIV/AIDS, population and development is becoming increasingly clear.

A. HIV/AIDS, population and development, including poverty

12. HIV/AIDS has distinct effects on population dynamics, including population losses, decreased life expectancy, slowed economic growth and an increase in

extreme poverty. There is a reciprocal relationship between HIV/AIDS and development. In countries with a high prevalence rate, the epidemic has an intense effect on development. The social and economic conditions addressed in development efforts also have major consequences for the spread of the disease.[10] Poverty and gender inequality are often cited as key factors leading to behaviours that expose many people to the risk of HIV infection, as indicated by the fact that poor women and girls are most susceptible to HIV infection. People living in poverty often lack access to health services, especially reproductive health services.[10]

13. The burden of HIV/AIDS on various development sectors is enormous. In developing countries, hospital services are increasingly devoted to the care of people living with HIV and AIDS and related opportunistic infections. Health systems, already overburdened, cannot cope with the scope of people needing treatment. Access to and provision of education are both affected by the epidemic. Households often cope with HIV-positive family members by delaying school entry or fully withdrawing children from school. In addition, the death of trained teachers and the reduced productivity of sick teachers limits the capacity of the educational system to provide quality education to those students who remain. As with decisions about education, farming households face a series of options regarding how to cope with the loss of the labour of one or more productive family members. Survival options for households include the option to: shift to less labour-intensive crops; put less labour into the farm; and rent, mortgage or sell the land.[10]

14. HIV/AIDS is thus having a significant impact on development in many countries. The AIDS epidemic is diluting key features crucial to effective development, such as adequate and accessible health-care services for all, available schooling for both girls and boys and a healthy agricultural sector. The epidemic exploits existing fractures in society, such as gender and class inequalities, inadequate social services and widespread joblessness among young people, thus increasing vulnerability to HIV infection.[10]

15. Collection, analysis and dissemination of information undertaken within the framework of population and development programmes contribute to understanding how and why HIV spreads within given populations. Relevant demographic, health and socio-economic data and their analyses and use contribute to knowledge of trends and differentials in mortality, morbidity and migration, including in relation to HIV/AIDS. Population and development programmes provide indispensable information for planning and implementing effective and appropriate HIV prevention programmes: tailoring programmes to groups at risk and operationalizing strategies for bringing about changes in risky attitudes and behaviour. This can be critical because of the urgency of upscaling the required prevention programmes and the need to optimize the use of limited resources.[11]

16. HIV prevention efforts must include a look at the context of the AIDS epidemic, in terms of both the impact of HIV/AIDS on development efforts and the socio-economic and political conditions that facilitate its spread. Programmes must focus on linkages between HIV/AIDS, population, development and poverty, striving to alleviate not just short-term effects, but also long-term issues and vulnerabilities.

B. HIV/AIDS and sexual and reproductive health

17. Central to the Programme of Action of the International Conference on Population and Development and the key actions for its implementation is the goal of ensuring universal voluntary access to a full range of reproductive health-care information and services. As defined at the Conference in 1994, reproductive health includes the issue of HIV/AIDS. There is growing recognition and evidence of the benefits of linking HIV/AIDS and sexual and reproductive health. The overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. HIV/AIDS and sexual and reproductive ill-health are driven by many common root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations, and stronger linkages between the two will result in more relevant and cost-effective programmes with greater impact.[12]

18. Given that a majority of HIV transmission takes place through sexual contact, reproductive and sexual health information, programmes and services provide a significant entry point for HIV prevention. They also provide a means to implement care and treatment programmes. Reproductive health services can assist HIV prevention efforts in the following areas: providing information on the full range of prevention options, including encouragement of abstinence or delay in sexual debut, reduction in the number of sexual partners and correct and consistent condom use; detecting and managing sexually transmitted infections; and assisting in the prevention of mother-to-child transmission. Linking HIV prevention, the prevention and treatment of sexually transmitted diseases and family planning and maternal health services can further improve outreach efforts and make more efficient use of funds through using existing resources and infrastructure.

19. Policies and programmes must be rooted in a human rights approach in order to ensure that: (a) sexual and reproductive health, HIV/AIDS and integrated initiatives are all built on a fundamental commitment to respect, protect and promote human rights; (b) the creativity and capacity of communities and of non-governmental organizations (NGOs) are fully engaged towards the achievement of these goals; (c) the sexual and reproductive health needs and human rights of people living with HIV are recognized and responded to; (d) special efforts are undertaken to reach priority populations most underserved by current efforts, including poor women, young people and marginalized populations; (e) family planning and voluntary counselling and testing are included in prevention of mother-to-child transmission programmes; (f) provision of an essential package of sexual and reproductive health information and services to all people reached by HIV/AIDS programmes; (g) provision of an essential package of HIV/AIDS information and services to all people reached by sexual and reproductive health programmes; and (h) adequate, accessible, affordable and acceptable supplies of essential HIV/AIDS and sexual and reproductive health-related commodities, including male and female condoms and diagnostics and drugs for the treatment of sexually transmitted infections.[12]

20. In 2004, in recognition of the above, the United Nations system, spearheaded by UNFPA, partnered with government officials, donor organizations, NGOs, young people and people living with HIV to agree upon the importance of coordinating HIV/AIDS interventions with sexual and reproductive health programmes through the endorsement of: (a) "The New York Call to Commitment: Linking HIV/AIDS

and Sexual and Reproductive Health"[12] and (b) "The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children".[13] In December 2004, the Programme Coordinating Board of UNAIDS called upon the organization, the Global Coalition on Women and AIDS and all partners to integrate AIDS interventions with sexual and reproductive health as strong and robust components of their work.[14] The United Nations and its partners are expected to intensify programme linkages between HIV programmes and sexual and reproductive health services.

> In June 2004, UNFPA and UNAIDS, in collaboration with Family Care International, convened a high-level global consultation at the Rockefeller Foundation in New York. Participants, including ministers, parliamentarians, ambassadors, leaders of United Nations and other multilateral agencies, donor organization officials, community and non-governmental organization leaders, young people and people living with HIV made "The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health".[12]

C. HIV/AIDS, women and girls

21. The AIDS epidemic has insidiously been taking a toll on women and adolescent girls. As of December 2003, women accounted for nearly 50 per cent of all people living with HIV worldwide and for 57 per cent in sub-Saharan Africa. Women and adolescent girls also bear the brunt of the epidemic's impact. They are most often the caregivers for the sick, they are most likely to lose their income and school opportunities and they are also most likely to be confronted with stigma and discrimination. Young women are particularly hard hit, representing over 60 per cent of all 15- to 24-year-olds living with HIV. The vulnerability of adolescent girls and women to HIV infection stems partly from a biological predisposition but is also an unjustifiable consequence of gender inequality and discrimination. Issues such as unequal property and inheritance rights increase women's vulnerabilities.[15]

> Launched in early 2004, the Global Coalition on Women and AIDS works at global and national levels to highlight the effects of AIDS on women and girls and to stimulate concrete and effective action to prevent the spread of HIV. The Coalition brings together a wide range of partners, civil society groups, networks of women living with HIV and AIDS, Governments and United Nations agencies, who work together to lessen the devastating impact of AIDS on women and girls worldwide. Efforts are focused on: putting women, girls and AIDS on political and development agendas; ensuring that prevention and treatment strategies are designed with women's needs in minds; preventing new HIV infections; promoting equal access to care and treatment; ensuring universal access to education; addressing legal inequities; reducing violence against women; and valuing women's care work within communities.

22. There is an immediate need to address the array of factors that contribute to women's vulnerability and risk, including gender inequalities and violence. HIV prevention programmes must take into account inequalities and gender roles that shape behaviours, including the fact that in many instances women are not free to abstain from sex or discuss condom use and that they bear the brunt of their partners' unfaithfulness. Violence against women and girls must be tackled hand-in-hand with HIV prevention efforts. Programmes must recognize that, in many instances, marriage is in itself a risk factor for women and girls, particularly if the spouse is older. Programmes must also support primary and secondary education for girls and women's literacy.

23. Female-controlled prevention methods must be widely promoted, addressing social stigmas to usage. Microbicides offer much promise as means of female-controlled prevention, and research in this area needs to be vigorously accelerated. Equal access to treatment must be ensured, along with a recognition and support of the role of women as home-based caregivers of AIDS patients and orphans. Incorporating HIV/AIDS interventions with sexual and reproductive health services, such as family planning or antenatal care, can further assist in meeting women's sexual and reproductive health needs.

24. It is important to involve women in designing and implementing programmes for women, including HIV-positive women. Men and boys must also be brought in as partners for change. The organizations of the United Nations system are undertaking many programmes worldwide to address the growing feminization of the epidemic. *Women and HIV/AIDS: Confronting the Crisis*,[15] a joint report by UNAIDS, the United Nations Development Fund for Women (UNIFEM) and UNFPA issued in 2004, documents the devastating and often invisible impact of AIDS on women and girls, highlights the ways in which discrimination, poverty and gender-based violence help fuel the epidemic and provides key recommendations for action. The Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa was formed to catalyse and intensify action in that region, positioning the needs of women and girls as a central priority for action by the United Nations system, in collaboration with Governments and civil society. Follow-up actions on the Task Force findings are ongoing in several countries.

> In 2002, UNFPA launched its initiative to systematically mainstream culturally sensitive approaches in programming efforts. Lessons learned have been gathered from several countries worldwide, including partnerships with Buddhist monks and nuns to address the AIDS epidemic and the vulnerability of young people and working with the faith community and traditional leaders to raise awareness and build capacity to combat HIV/AIDS.

D. HIV/AIDS and young people

25. With over 1 billion adolescents now entering sexual maturity, it is evident that there will be a massive challenge in reaching these young people with the information, education and adolescent youth-friendly health services they urgently

need to protect themselves from HIV. Too often, however, young people are overlooked or discriminated against, with services being delivered too late. With an estimated 5,000 to 6,000 young people becoming infected on a daily basis, and, in some regions, constituting a significant percentage of the high-risk population, the needs of young people cannot be ignored. In the light of all the risks young people face, the information, education and services provided to them is woefully inadequate.

26. Despite the challenges, much has been learned about what young people need, and there are good examples of programmatic responses to these needs around the world that other countries can adapt and replicate. Young people have the right to know about HIV/AIDS and about how to protect themselves. Programmes should provide young people with: (a) information on the full range of prevention options, using the combination behavioural change approach, which includes encouragement of abstinence or delay in sexual debut, reduction in the number of sexual partners and correct and consistent condom use; (b) life skills-based HIV/AIDS information and education, which focus not just on developing healthy lifestyles, but also on sexual health issues such as negotiating abstinence and condom use and avoiding substance abuse; and (c) access to youth-friendly health services, such as voluntary counselling and treatment, early diagnosis and treatment of sexually transmitted infections and/or drug dependence and anti-retroviral therapy. Young people also need access to preventive commodities, such as condoms (male and female) and clean needles and syringes.

27. In order to effectively receive the necessary information, skills and services, young people need to be provided with an environment in which they are safe from harm, supported through caring and close relationships with parents and families and have opportunities for individual development. Interventions must be undertaken in a variety of settings, including: school-based HIV/AIDS education, in which programmes present accurate information and ensure sustained exposure; youth-friendly health services offering a core package of interventions; targeted community-based interventions for young people who are marginalized, have poor access to information and services and are at high risk of HIV exposure; and sustained multi-channel mass media campaigns adapted to social context and tailored to actual behaviours. Interventions must be tailored to meet young people's individual characteristics, such as age, sex, marital status and domicile, as well as the many deep-rooted structural, social and other contextual issues that make young people vulnerable (gender relations, race, religion and socio-economic status). Efforts aimed at young people and implemented together with young people must become a priority in every country. These efforts must include implementing national strategies for scaling up evidence-based interventions for young people, increasing financial and human resources directed at young people and monitoring and evaluating efforts specifically targeting young people.

In Central and Eastern Europe and Central Asia, UNPFA and its partners have been working to build the capacity of government agencies and NGOs to implement, monitor and evaluate peer education programmes for young people in the region with a focus on promoting safe sexual behaviour among adolescents. The initiative, which began in the second half of 2000, emphasizes training of trainers along with the development of special education and communication tools. One of the project's main achievements has been the establishment of the Youth Peer Education Electronic Resource, which, as of April 2004, linked close to 1,100 members from 27 countries, continuing to grow every month as more peer educators join. In 2004, it is estimated that 1.7 million young people in the region received instruction through this resource.

28. Coverage is essential for impact. UNFPA and partner agencies are working to promote and ensure a committed, scaled-up response to meet the urgent needs of young people through the development of an evidence base for policies and programmes. UNFPA is further working in many countries, often with youth partners themselves, to ensure that young people's access to information is linked with access to youth friendly services. This includes partnering with diverse faith-based organizations to provide reproductive health information, education and services, including on HIV, to young people in a wide variety of settings.

E. Commodity security

29. Condoms are universally recognized as one of the most effective ways to prevent HIV and other sexually transmitted infections, and both male and female condoms are key components of HIV prevention efforts among sexually active men and women. Correct and consistent use of condoms is a critical means of ensuring success against the transmission of infections. Challenges to wider condom use, however, remain significant. Despite the benefits of condoms, in many countries usage remains low and sporadic. Political and, sometimes, cultural barriers remain in many countries. Gender dynamics often inhibit negotiation of condom usage by women and shape anti-condom messages among men. Even within marriage, condom usage can be problematic. Furthermore, there exists a considerable shortfall in the supply of condoms, and limited financial and human resources for programming to encourage safer sexual behaviours. Pervasive myths, misperceptions and fears about condoms also inhibit their use.

30. Condom programming should form part of an integral component of a range of HIV prevention strategies that includes: informed, responsible and safer sexual behaviour through abstinence; delayed age of onset of sexual activity; reduced number of sex partners; and condom use. Ensuring a steady, affordable supply of high-quality condoms involves forecasting needs, procuring condoms, managing logistics and implementing quality assurance measures. Comprehensive condom programming addresses the issues of the supply and demand of male and female condoms and the related support needed for women and men to enable them to protect themselves from sexually transmitted infections, HIV and unintended

pregnancy. Programming must also explicitly address gender perspectives and power dynamics in using condoms, taking into consideration the particular vulnerabilities of youth, especially girls, and reaching out to boys to help shape gender roles to include responsible and healthy behaviour.

> UNFPA has developed a hi-tech, user-friendly service to help countries keep track of stocks and shipments, identify possible shortages and replenish stockpiles to meet growing needs on a timely basis. Launched in 2003, the Country Commodity Manager is now being used by more than 50 developing countries, and other countries are expected to take advantage of it soon. At the touch of a computer key, the system can call up displays of available stock and commodity needs. Already the software has alerted Governments to, and helped them avert, potential shortfalls.

31. Introduced in the 1990s, the female condom has added a choice to women's limited means of protection. The female condom is the only contraceptive method that enables women to reduce their own risk of sexually transmitted infections and HIV. This is especially important in contexts in which, to a large extent, power relations between men and women shape sexual behaviour and women are unable to discuss male condom use.

32. Efforts of sufficient magnitude to impact the HIV pandemic will require a full mobilization of political will and resources as well as overcoming institutional, community and individual barriers to access and use of condoms. UNFPA is working with other United Nations agencies, Governments and NGO partners to: advocate for condoms as a means of dual protection, for both HIV prevention and family planning; identify barriers to access and use; employ strategies to overcome them; and ensure that quality condoms in sufficient numbers are procured. UNFPA and its partners are also spearheading efforts to increase the availability and use of female condoms and to provide concrete examples of successful programmes for adaptation and replication in countries. With the generous support of the European Commission, several European countries, Canada and other development partners, UNFPA is working to reduce the gap in reproductive health commodity security for 2005 and beyond. Efforts will focus on commodity procurement and distribution as well as capacity-building at the national level and coordination mechanisms.

F. The prevention, treatment and care continuum

33. As a result of medical advances in recent years, there are now unprecedented treatment options available for people living with HIV and AIDS. Global initiatives to scale up access to such treatment have also made much progress. The level of political commitment and financial resources is higher than ever, and the price of many medications has significantly fallen. In several Latin American and Caribbean countries, there is access to antiretroviral treatment for all those who need it.

34. While enhanced treatment availability offers considerable hope for the future, unless HIV prevalence is markedly reduced, treatment will not be able to keep pace

with demand. The relationship between prevention, treatment and care has thus never been more important. It is imperative that those who test HIV-negative be supported in order that they remain negative. Care and support for those who test HIV-positive should emphasize methods of staying healthy and avoiding transmitting infection to others, both before and after beginning antiretroviral treatment. Scaling up HIV testing and counselling services can provide a crucial entry point for both HIV prevention and treatment. Increasing the number of people who are aware of their HIV status can further assist in reducing stigma and discrimination and in generating an environment more conducive to accessing services.

> The centre of United Nations system-wide activities to expand access to HIV treatment is the "3 by 5" Initiative, led by the World Health Organization (WHO), which aims to provide antiretroviral therapy to 3 million people living with HIV and AIDS in developing countries by the end of 2005. WHO and partners are working with Governments and non-governmental partners in developing HIV treatment scale-up strategies, as well as guidance on such issues as the financing of HIV treatment services and ensuring equity of access. The United Nations is also using advances in treatment as an opportunity to strengthen prevention efforts.

IV. Existing gaps and challenges in HIV/AIDS responses

A. Coverage gap

35. Access to key prevention, treatment and care services has significantly improved in recent years and much is known about elements that constitute effective HIV programmes. However, in many parts of the world, programmes are lacking or not in place. Less than 1 per cent of adults aged 15 to 49 years take advantage of access to voluntary counselling and testing services in the 73 low- and middle-income countries most affected by AIDS. Fewer than 10 per cent of pregnant women are currently offered services of proven effectiveness to prevent HIV transmission during pregnancy and childbirth. Fewer than 3 per cent of orphans and vulnerable children are receiving public support for most services, except in the Eastern European region, where coverage is higher. Coverage of prevention programmes for vulnerable populations is very low.[16] Countries must urgently scale up HIV prevention efforts to meet needs and targets set out in international agreements.

B. Capacity gap

36. For many countries, there is a marked need for increased human resources to tackle the AIDS epidemic. There is a lack of technical capacity for HIV programming, especially at the local level. Many factors limit programming capacity in low- and middle-income countries. These include overwhelming and

competing demands for scarce resources and poor coordination among both domestic and external partners. Inadequate human and institutional capacity prevents money from being used effectively and stops countries from making progress towards their development goals. Sub-Saharan Africa is facing a chronic human resource crisis. The education and health sectors face personnel shortages, weak institutional environments and difficulties in appointing staff to rural areas.[6] Countries must strengthen national and community institutions and personnel to better implement prevention programmes and target vulnerable groups.

C. Weak monitoring and evaluation systems

37. Monitoring and evaluation are crucial to determining if programmes are meeting their goals, reaching the right target groups and having an impact. In order to make effective plans, countries must have the ability to analyse domestic trends and different sectors' ability to respond to them. A major challenge facing countries is their often limited information systems and monitoring and evaluation capacity. Monitoring progress remains a major problem and an impediment to providing information for national indicators. In 2003, UNAIDS reported that only 43 per cent of reporting countries report having a national monitoring and evaluation plan and only 24 per cent have a dedicated budget for carrying out these activities.[6] In order to realistically assess progress, and thus improve programming, countries must undertake a wider array of activities to improve their national capacity.

D. Gender inequality, stigma and discrimination

38. Gender inequality, stigma and discrimination are key factors hindering progress to an effective response to the epidemic. Stigma and discrimination discourage use of prevention services, including voluntary counselling and testing as well as disclosure of HIV-positive status. For vulnerable groups, including sex workers and injecting drug users, the stigma often stems from pre-existing prejudices.

39. Gender inequalities continue to make women and girls especially vulnerable to HIV infection. Male dominance in intimate partner relations, especially marriage, and violence or the fear of violence prevents women from demanding that their partners practice safer sex and limits their access to prevention, treatment and care services. Women and girls are particularly susceptible to HIV-related stigma and discrimination, finding themselves often unfairly blamed for bringing the infection home to the family. Frequently denied access to life-saving drugs and adequate nutrition, women and girls are still expected to provide the vast majority of the home care required by those who are ill. While caring for sick family is a loving and voluntary tribute, it adds to an already burdened workload and can prevent girls and young women from attending school.

40. Human rights violations against women and girls, compounded by gender inequality and social and economic disparities, are at the core of the feminization of the epidemic. Concerted efforts are required to end harmful practices such as early marriage, female genital cutting/mutilation, so-called widow cleansing and discriminatory property and inheritance laws and practices. Protecting and promoting human rights is an essential part of responding to the epidemic, yet,

today, the fundamental rights of people living with HIV and AIDS are routinely violated. Many countries lack legal protection mechanisms to prohibit discrimination on the basis of a person's HIV-positive status, as well as more generally against vulnerable populations. In addition, many countries lack policies to ensure women's equal rights, including equal access to HIV prevention information, education and services and AIDS treatment and care.

E. Financing gap

41. Global spending on HIV/AIDS increased from approximately $2.1 billion in 2001 to approximately $6.1 billion in 2004.[6] Importantly, increased funds came from affected countries themselves and from international donors. Funding for HIV/AIDS and reproductive health, however, remains inadequate. Efforts such as the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria demonstrate the growing awareness of the need to urgently scale up HIV/AIDS prevention, treatment and care efforts. These efforts need to be expanded to include integration and funding for related sexual and reproductive health programmes.

42. There is a continued gap between funding needs and available resources, at both the international and national levels. UNAIDS estimates that approximately $12 billion will need to be spent annually on AIDS interventions in low- and middle-income countries by 2005, with this figure expected to rise to approximately $20 billion annually by 2007.[17] Many countries lack adequate resources for expanding coverage and access to key HIV/AIDS prevention, treatment and care programmes.

43. UNFPA estimates that in developing countries and countries with economies in transition, implementation of the Programme of Action in the area of reproductive health, including family planning, maternal health and the prevention of sexually transmitted infections, as well as programmes that address the collection and analysis of population data, will cost (in 1993 United States dollars) $18.5 billion by 2005, $20.5 billion by 2010 and $21.7 billion by 2015. Current levels of resource mobilization, which are woefully inadequate to fully implement the Cairo agenda, did not meet the goal of mobilizing $17 billion by 2000, and the gap between the target level of resources required and that actually made available is widening.[18]

V. The way forward

A. Strengthen policy commitment and leadership

44. Awareness of HIV/AIDS and the need to take vigorous action to combat the epidemic is growing in all parts of the world. Governments are adopting policy reforms and developing multisectoral strategies. However, in all too many countries, addressing HIV/AIDS remains the work of the health sector alone, without a key range of partners. National HIV/AIDS policies often remain weak in key areas: addressing discrimination against people living with HIV and AIDS; prohibiting discrimination against vulnerable populations; addressing the gender dimensions of the epidemic; and providing access to medications.[19] Much greater efforts are required so that policies, programmes and budgets take into account the

fundamental links between HIV/AIDS, sexual and reproductive health, population and development, and ensure that all sectors are working together.

45. **Governments are encouraged to strengthen efforts to address these weaknesses in policies and to ensure a heightened and sustained political commitment to addressing HIV/AIDS. Partnerships with key vulnerable groups, such as young people and women, in the development, implementation and monitoring of policies and programmes is crucial.**

B. Strengthen partnerships, harmonization and coordination

46. International assistance can only be effective if it forms part of a cohesive national multisectoral response based on national ownership. In order to address these issues, UNAIDS and partners endorsed the "Three Ones" principles in April 2004. These principles, one national HIV/AIDS action framework, one national AIDS coordinating authority and one monitoring and evaluation system, represent a sharpened focus of the UNAIDS strategy to advocate and support greater coordination of a more comprehensive national AIDS response. The "Three Ones" are designed to address the need for greater collaboration and support in countries, in order to avoid wasting of resources and duplication of efforts. UNAIDS is actively engaging civil society in this effort and will continue to work in countries to strengthen the application of the "Three Ones". Donors are being encouraged to coordinate their strategies and reporting requirements through the national HIV/AIDS action frameworks.

47. Multisectoral coordination is key to combating HIV/AIDS. Cooperation must be directed in both horizontal and vertical lines — that is, across and within sectors. Too often, however, programmes remain solely vertical and disease-focused in their response. It is imperative that different government ministries, including the ministries of health, education, labour and youth, coordinate efforts and work together in the development and implementation of policies and programmes. Responses will be most effective when they form proactive linkages, addressing HIV prevention within the context of sexual and reproductive health as well as broader issues of public health, development and human rights.

48. Partnerships are key to making progress against HIV/AIDS. **Governments are encouraged to continue working with, inter alia, international agencies, civil society organizations, faith-based organizations, organizations of people living with HIV and AIDS, young people, women's groups, the private sector and the media.** Working in partnerships is a dynamic process that requires monitoring and adaptation as necessary.

C. Intensify prevention efforts

49. The AIDS epidemic is rapidly spreading. There is no preventive vaccine and treatment is inaccessible or unaffordable for most people. Prevention, which is the best and most viable approach to reverse and ultimately halt the epidemic, should be the basis of any response. Prevention, treatment and care are linked along a broad continuum, and their effectiveness is vastly improved when they are utilized together.

50. **The same urgency that has been brought to bear on the drive to expand treatment thus must also be brought to re-intensify HIV prevention efforts.** Many lessons learned and experiences have been gathered over the years about the types of prevention interventions that work best, and these must be urgently scaled up around the globe. The UNAIDS secretariat and its co-sponsors are currently leading the effort to revitalize HIV prevention efforts around the world through the development of a strategy to place HIV prevention more centrally on the global AIDS agenda. Prevention of HIV infection is the fundamental aim for all UNFPA action addressing the epidemic.

51. Efforts are currently being undertaken by the United Nations and partners to advocate for massively scaled-up prevention efforts, linking prevention with treatment and care resources and programmes, particularly for underserved populations. **Countries must intensify efforts to ensure access to key programmes and services for their entire populations, including the most marginalized.**

D. Reinforce the prevention, treatment and care continuum

52. It is essential that the prevention, treatment and care efforts be integrated into a continuum. **Governments are encouraged to work with the United Nations and other partners in order to: ensure that prevention elements are integrated into treatment plans; expand HIV testing in clinical settings with links to prevention, treatment and care; ensure diagnosis and treatment of sexually transmitted infections where HIV care is provided; and coordinate prevention and treatment messages so that they are mutually reinforcing.**

53. Furthermore, a functioning health system is crucial to ensuring access to an effective response. **Dynamic financial and political commitment is needed to bring basic health services to all people, through methods such as expanding the pool of skilled health-care workers and investing in training capacity.**[20]

E. Strengthen the links between HIV/AIDS and sexual and reproductive health

54. It is clear that the major development goals will not be achieved without ensuring universal access to reproductive health services and programmes and without an effective global response to HIV/AIDS. Far too many policies and programmes fail to take into account the many linkages between HIV and sexual and reproductive health. In order to successfully meet the challenges and opportunities in addressing these issues, linkages are essential.

55. Reproductive health providers can play an important role in reducing the incidence of new HIV infections, particularly among women. **Policies and programmes should recognize and support the fuller integration of HIV prevention efforts into reproductive health services, and the integration of reproductive health services into HIV-related programmes.**[21]

56. **Efforts must be dramatically strengthened by Governments and partners to: address the links between HIV/AIDS and sexual and reproductive health; more effectively utilize reproductive health services as entry points for HIV**

prevention and awareness; promote strategies that ensure that HIV/AIDS and sexual and reproductive health programmes contribute to the overall strengthening and sustainability of health systems; and ensure that young people around the world have access to age-specific and gender-sensitive sexual and reproductive health and HIV/AIDS education and services.

F. Cultural matters

57. Cultural practices and factors can play a facilitating or constraining role in addressing HIV/AIDS and should be taken into consideration in the formulation and implementation of programmes. Social and cultural factors can lead to a lack of open discussion and dialogue, stigma and the exclusion of people living with HIV and AIDS and difficulties in reaching affected people.

58. On the other hand, positive cultural norms and traditions can strongly influence individual behaviours as well as foster community action to combat HIV/AIDS. The ability to have open dialogue about HIV/AIDS, including discussions on preventing HIV infection, is considered beneficial in many societies. Community leaders can play a positive role in reducing potential exposure to HIV through promoting abstinence before marriage, encouraging fidelity and promoting the use of services. **Governments are encouraged to assess the impact of cultural factors on vulnerability to HIV and, using a human rights approach, to integrate positive cultural traditions into HIV prevention efforts.**

G. Address vulnerable populations and unmet needs

59. In order to be effective, HIV/AIDS programmes must address the underlying causes and consequences of the epidemic, including gender inequality, poverty, stigma and discrimination. Scaled-up urgent HIV prevention efforts are still needed for vulnerable and high-risk populations in many parts of the world. Evidence-based approaches are available for adaptation and replication, but political will is often lacking to address the needs of these populations. **In particular, in high-risk situations and settings, providing information, education and health services, including condoms, should be a high priority.**

60. Robust efforts must be undertaken by Governments and partners to meet the growing challenges and focus on unmet needs. This includes the urgent need to focus on the growing number of orphans worldwide. **Countries must step up efforts to assist family and communities in caring for orphans and children affected by the epidemic, including the development and implementation of national strategies and efforts to protect orphans from exploitation and ensure that they remain in school.**[21]

VI. Conclusion

61. **Since 1994, when the Programme of Action of the International Conference on Population and Development was adopted, HIV/AIDS has had a devastating impact in countries around the world. While progress has been made in countries and recent efforts are progressing to increase access to anti-**

retroviral treatment for those who are infected, much more needs to be done. Some countries are following a multisectoral approach to combating HIV and AIDS, while others continue to focus on health-centred actions. Still other countries continue to deny or take little or minimal action to halt the spread of HIV. Committed leadership, multisectoral approaches, partnerships, coordination and scaled-up efforts are all essential elements of an effective response.

62. **It is crucial that prevention efforts be intensified, with strategies that also address the wider issues of equality and social justice. Access to sexual and reproductive health information and services is an internationally agreed goal and an end in itself. It is also essential for HIV prevention programmes. Reproductive health should be used as a conduit to, and delivery point for, care and treatment services. Countries are encouraged to recognize explicitly, and stress linkages between, reproductive health and HIV/AIDS at the General Assembly's annual review on progress in meeting the targets of the special session of the General Assembly in June 2005 and the High-level Plenary Meeting of the sixtieth session of the General Assembly as follow-up to the outcome of the Millennium Summit in September 2005.**

63. **AIDS must be treated as both an emergency and a long-term development issue. It must be addressed through a wide array of efforts. Although there are more funds available now than ever before to address the epidemic, they are only half of what is needed. A massive effort is needed to attain a scaled-up response that matches the scale of the global AIDS epidemic. Past decades have shown what it will take to prevent the spread of HIV and mitigate the impact of the AIDS epidemic. We know what works — the challenge now is to translate that knowledge into concrete, effective and targeted action.**

Notes

[1] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[2] General Assembly resolution S-21/2, annex.

[3] See General Assembly resolution S-26/2, annex.

[4] See General Assembly resolution 55/2.

[5] See General Assembly resolution S-26/2, annex, para. 11.

[6] See UNAIDS and WHO, *AIDS epidemic update* (Geneva, 2004).

[7] General Assembly resolution S-21/2, annex, para. 70.

[8] See United Nations Population Fund, *Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004* (New York, 2004).

[9] The 10 UNAIDS co-sponsoring organizations are: UNHCR, UNICEF, WFP, UNDP, UNFPA, United Nations Office on Drugs and Crime, ILO, UNESCO, WHO and the World Bank.

[10] See United Nations Population Fund, *The Impact of HIV/AIDS: A Population and Development Perspective* (New York, 2003).

[11] See UNFPA, HIV Prevention Now — Programme Briefs, No. 9, "Applying Population and Development Strategies to enhance HIV Prevention Programming" (New York, 2003).

[12] See UNFPA, "The New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health" (New York, 2004).

[13] See UNFPA, "The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children" (New York, 2004).

[14] See *Report of the sixteenth meeting of the UNAIDS Programme Coordinating Board, Jamaica, 14-15 December 2004: Decisions, Recommendations and conclusions* (http://www.unaids.org/Unaids/EN/About+UNAIDS/Governance/programme+coordinating+board.asp).

[15] See UNAIDS, UNFPA and UNIFEM, *Women and HIV/AIDS: Confronting the Crisis* (New York, 2004).

[16] See Policy Project, USAID, UNAIDS and UNICEF, *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle-income countries in 2003* (Washington, D.C., 2004).

[17] See UNAIDS, *Financing the Expanded Response to AIDS* (Geneva, 2004).

[18] See E/CN.9/2005/5.

[19] See UNAIDS, *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003* (Geneva, 2003).

[20] See United Nations Millennium Project, "Combating HIV/AIDS in the Developing World", Interim Report of Task Force 5 Working Group on HIV/AIDS, 1 February 2004.

[21] See UNAIDS, UNFPA, United International Planned Parenthood Federation and the Alan Guttmacher Institute, *Issues In Brief*, "The Role of Reproductive Health Providers in Preventing HIV" (New York, 2004).